

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/608,170

FILING DATE

APPLICANT(S)

CLAIMS

6-26-03 7-28-04 1/28/05

	ADDED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO	DEP	NO	DEP	NO	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	/		/		/	
19		/		/		/
20		/		/		/
21		/		/		/
22		/		/		/
23		/		/		/
24		/		/		/
25		/		/		/
26		/		/		/
27		/		/		/
28	/		/		/	
29		/		/		/
30		/		/		/
31		/		/		/
32		/		/		/
33		/		/		/
34		/		/		/
35		/		/		/
36		/		/		/
37		/		/		/
38		/		/		/
39		/		/		/
40		/		/		/
41		/		/		/
42		/		/		/
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	<u>2</u>		<u>2</u>		<u>2</u>	
TOTAL DEP.	<u>23</u>		<u>23</u>		<u>23</u>	
TOTAL CLAIMS	<u>25</u>		<u>25</u>		<u>25</u>	

	NO	DEP	NO	DEP	NO	DEP
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						